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THIS INSTITUTE, SPONSORED BY THE UNITED COMMUNITY SERVICES OF METROPOLITAN BOSTON, THE MASSACHUSETTS COMMISSION ON AGING, AND THE BOSTON UNIVERSITY COUNCIL OF GERONTOLOGY, FOCUSED ON RECRUITMENT AND TRAINING OF TRAINERS WHO COULD BE AVAILABLE TO AGENCIES AND INSTITUTIONS FOR TRAINING PERSONNEL WORKING WITH THE AGING. ONE CONFERENCE PAPER DISCUSSED VARIOUS ELEMENTS AND DIMENSIONS OF THE TRAINING PROCESS. ANOTHER DESCRIBED A TRAINING PROGRAM FOR SOCIAL SERVICE AIDES (SUB-PROFESSIONALS) AT THE BOSTON CENTRE FOR OLDER AMERICANS. THE THIRD PRESENTATION DESCRIBED RECENT AND CURRENT HEALTH SERVICES TRAINING EFFORTS IN MASSACHUSETTS, NEW HAMPSHIRE, NEW YORK, AND DELAWARE. BASIC RESPECT FOR OLDER PERSONS AND THEIR CAPACITIES, APPRECIATION OF THE SOCIOECONOMIC INFLUENCES ON AGING, BASIC UNDERSTANDING OF THE LEARNING PROCESS AND OF TRAINEE CHARACTERISTICS, CLEAR PROGRAM OBJECTIVES, DUE ATTENTION TO ALL ASPECTS OF PLANNING (SUBJECT AREA, FUNCTIONS, FORMAT, METHODS, LEVEL OF TRAINING, PROGRAM LENGTH), SYSTEMATIC EVALUATION AND FEEDBACK, CLOSE INTERACTION WITH TRAINEES, AND KNOWLEDGE OF COMMUNITY RESOURCES WERE SEEN AS VITAL IN IMPARTING SKILLS AND KNOWLEDGE FOR EFFECTIVE INDIVIDUAL, GROUP, AND COMMUNITY SERVICE. (THE DOCUMENT INCLUDES A LIST OF PARTICIPANTS AND PROGRAM SPEAKERS, AND FOUR REFERENCES.) (LY)

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FOCUS: TRAINING

SECOND ANNUAL SPRING INSTITUTE FOR THE AGING

Jointly sponsored by:

United Community Services of Metropolitan Boston, the Massachusetts Commission on Aging and Boston University Council of Gerontology.

April 21, 1967 - 9:00 A.M. - 3:30 P.M.

United Community Services of Metropolitan Boston
Mason Memorial Building - 14 Somerset Street,
Boston, Massachusetts 02108.

SELECTED MATERIAL:

List of Participants

Papers

Workshop Recommendations

Edited by: Mrs. Deborah B. Cohen, Associate Director
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AC001 305

F O R M A T

The "how" of training people in health, education, recreation, and social services to work with the aging was the focus of the second annual Institute for the Aging held at UCS on Friday, April 21st.

Featured speakers included Dr. Clark Tibbitts, Director of Training at the Federal Administration on Aging, and Dr. Louis Lowy, Editor of a Manual for Training Personnel to Work with the Aged.

The all-day conference was sponsored jointly by UCS, the Massachusetts Commission on Aging, and the Boston University Council of Gerontology.

Nearly 100 institute participants were welcomed to the morning session by UCS President John O. Rhome. Sherman G. Sass, Chairman of the UCS Committee on Aging, presided over the session and read a message from Governor John A. Volpe.

Dr. Lowy, a professor at the Boston University School of Social Work, then spoke on "Training and the Aged."

The morning session continued with Dr. John Mogey, Chairman of the B.U. Council of Gerontology, presiding over presentations devoted to training personnel to assist the elderly with health, education and recreation, and social service problems.

Speakers included Mrs. Doris Sheldon, Regional Supervisor of Vocational Education for the U.S. Office of Education. Mrs. Santina R. Curran, Home Economist with the Norfolk County Extension Service, and Benjamin Hersey, Director of the Boston Center for Older Americans.

John T. Sweeney, Executive Secretary, Massachusetts Commission on Aging, presided over the afternoon session, introducing Dr. Tibbitts.

The institute concluded with workshops led by authorities in the fields of health, recreation and education, social services, and community organization.

SUMMARY OF WORKSHOP RECOMMENDATIONS

1. Need for more frequent meetings: once a year is not enough.

2. Format of meetings should include more workshop time with less time given to formal speeches. This change would result in

   a) More opportunity to share problems and experiences.

   b) Resource persons can offer more direct help.

3. List of participants present should be mailed out so that they can be reached for future planning among themselves.

4. Aides or sub-professionals must learn about the policy, philosophy, function, and the clientele served by the agency in which they will operate.

5. Sub-professional must be given the opportunity to learn and develop skills at his own momentum.

6. Communication between agency staff and trainee must be geared to trainee's level.

7. Request bibliography on educational material in training programs with and for the aging, key books and articles for trainors.

8. All age groups should be encouraged to become involved in training programs.

9. Copies of the Training Manual now being developed by Dr. Lowy should, when finished, be distributed to participants of this Institute.

10. Center training on the "now" and practical aspects rather than formal knowledge.

11. Stress <u>listening</u>.

12. Trainor should be thoroughly familiar with community resources before training.

13. Evaluation should be built into training programs.

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Held at United Community Services, 14 Somerset Street, Boston

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FUNDAMENTALS OF A TRAINING PROGRAM OF WORKERS WITH THE AGING

by Louis Lowy*

The White House Conference on Aging in 1961 adopted the following policy statement regarding role and training of professional personnel working with the aged:

> "All professional, technical and related personnel working with older people should have specific knowledge of the processes of aging and needs, characteristics, and behavior of those in the later stages of life. Therefore, it is essential that knowledge of both the individual and societal aspects of aging be extended as rapidly as possible. Further, that appropriate elements of this knowledge must be built into the educational experience of every individual from early life onward."

It then went on to make the following recommendations:

> "It is therefore recommended that undergraduate, graduate, professional, and vocational education in all schools, colleges, and universities should include appropriate content on aging in a form similar and equivalent to other knowledge about man and society. Professional organizations and appropriate Federal and State agencies and voluntary organizations should be urged to take leadership in securing prompt implementation of this recommendation.
>
> "It is recommended, also, that graduate and professional schools expedite specialization in aging within appropriate disciplines and fields through the addition of specialized courses, research opportunities, clinical and field experiences.

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*Professor, Boston University School of Social Work. Presented at the April 21, 1967 Second Annual Spring Institute for the Aging, Focus:Training, sponsored by United Community Services of Metropolitan Boston, Boston University Council on Gerontology, and Massachusetts Commission on the Aging

"In recognition of the multifaceted nature of aging and the need for comprehensively trained personnel, it is recommended further that a number of regionally distributed universities and professional schools offer supplemental education in aging beyond the completion of training within a single discipline or field. Such training should include interdisciplinary courses, seminars, and clinical and field experience for students from varied disciplines and should provide for the election of courses from a variety of related fields.

"Many previously trained professional, technical, and related personnel find themselves having to extend their services to older people without having had the benefit of systematic training in the nature of the processes of aging or in the characteristics and specialized needs of older persons. In order that such persons become equipped with the knowledge and techniques essential to the provision of sound and high-standard services, it is recommended that: universities, colleges, adult education programs, and voluntary and official program agencies offer a variety of short courses, summer programs, institutes, and workshops in aging for those whose duties involve working with older people."

Since those days many training programs have been designed and developed on national, state and local levels. When we review just the Massachusetts scene we can point to training endeavors under auspices of colleges and universities, notably Brandeis, Boston University, Northeastern University, as well as under auspices of a number of agencies such as the Department of Public Welfare, Women's Educational and Industrial Union, United South End Settlements, Lemuel Shattuck Hospital, Boston Center for Older Americans, Worcester Age Center, and quite a few others.

This Institute which is co-sponsored by United Community Services, Boston University Council on Gerontology, and the Massachusetts Commission on Aging is part of a training project under a grant from the Administration on Aging, Title 5, to develop a manual, "The Trainees and Trainers of Human Service Techniques Working with the Aged." A major focus of this training project is to recruit

and train trainers who can be made available to agencies and institutions for training of personnel working with older people. Trainers and trainees would include the aged themselves and thereby prepare them for these roles, utilizing the knowledge and experience in an on-going chain of helping activities.

I. What is Training?

The need for developing a corps of trainers has become long evident and we anticipate that the Training project will serve as a launching operation to start the ball rolling and develop training programs on a more massive scale in this area than it has been possible so far. In order to get such a training program underway, it is essential for us to be clear what is involved in the training process itself. A good way to start is with a definition of training. I would like to propose the following: Training is a planned effort by an organization (agency, school) to expose a person or group of persons to certain selected influences in order to change their conduct in specified ways. It involves attempts to stimulate learning and re-learning of attitudes, knowledge and skills in order to enable the learner to perform occupational tasks (roles) and to improve the quality of performance. Included in this definition are the following conceptions:

1. Training implies change towards goals
2. It assumes that learning and teaching is a transaction process
3. It focusses on attitudes, knowledge and skills.

The development of attitudes, knowledge and skills goes on as a continuous process; however, at one time or another in the teaching-learning transaction one of these three components receives greater emphasis over the other.

Development of attitudes are based on values on the part of the learner to develop attitudes towards working with people in general and with older adults in particular in relation to their potential, their status and function in society, to name just a few. We also have to be concerned with development of attitudes towards the kind of knowledge which the learner must acquire about aging as biological-psychological-sociological phenomena, about the aged as a group in the population, etc. Attitudes also have to be developed towards those organizations, institutions, and agencies which provide programs and services and attitudes have to be engendered towards the person as learner and worker.

Acquisition of knowledge has to be concerned with the kind of knowledge that is verified and known; the kind of knowledge that is tentatively known in the form of hypotheses; the kind of knowledge that is unknown as yet and will have to be made known through investigation and research. The acquisition of skills is concerned with the ability of the learner to translate knowledge into effective performance as a worker on the job.

To illustrate this schema let me give you a brief example. The kind of attitudes we would want the learner to develop are: Fundamental respect for older people at a particular stage of the life cycle. The kind of knowledge to be communicated would be: older people can change and can learn and the position of older

people in our society produces certain consequences which are reflected in their behavior. A skill to be acquired would be: ability to listen carefully to older people and to pick up clues as to their interest and concerns.

II. Dimensions of Training to be Considered

In any training effort we have to be concerned with a series of dimensions such as the following:

1. For what kind of tasks are people to be trained? For example, are they to be trained for home-making, counselling, group leadership?
2. For what kind of functions should people be trained? For example, to render direct service to people in a one-to-one or to group relationship; should they be trained to administer a program, an agency or a service in a hospital? Should they be trained to teach others?
3. We have to define carefully the levels of training. Are people to be trained as professionals, as technicians, as auxiliary workers? Then we have to differentiate among these levels whether they are beginners, intermediates or advanced in learning and/or in practice.
4. Should a training program be brief, short term, or long-range? Should these duration-dimensions be time-concentrated or time-diluted? For example, should a training program be conducted every day of the week, once a month, or once a month spread over one year?
5. What forms should the training take? Should training be geared towards orientation; should it be continued educa-

tion; should it approximate group supervision?

No matter what forms or types of trainings are envisioned, the worker must have access to confer with somebody on the staff of the organization or agency where he works on an on-going basis since we cannot assume that a "one-shot" or even a "two-shot" training program will adequately cover all contingencies in which the worker finds himself. In fact, I would say that any well-conceived training program must assume that the trainee as a worker will have the opportunity to discuss issues and problems with supervisors, administrators, or consultants and that cumulative experiences of such conferences and contacts should be the basis for the development of an in-service training program.

III. Key Aspects in a Training Program

There are certain prerequisites which form the basis of any training program.

1. There has to be mutual recognition of need for training on the part of the worker and the organization that employs him. Both partners in this enterprise have to have a commitment to training as one way to improve role performance. Also the employing organization, be it a settlement house, a program in a housing project, a hospital or a nursing home, must make available the necessary resources to conduct a training program. Such resources include time, personnel, facilities, equipment, and money. A neighborhood aide working with a group of older people who is expected to attend a training course has to be given the necessary time for this and has to have this included in his job description. This means that the employing agency has to include such time as

part of his contract and to remunerate him for the time spent on training.

2. Creating a Favorable Training Environment. To create a favorable training environment requires that the policy-making body of an agency be involved in the deliberation and decision-making process of setting up a training program. Given such involvement and given the commitment of staff the agency is more likely to make available the necessary resources for training. In addition, training courses should take place in pleasant surroundings, free from avoidable interruptions and the worker to be trained should get a good basic understanding of the philosophy, goals, and structure of the organization or agency for which he works. Any person who is expected to perform a service functio in an agency should get a good picture of what the agency is all about, what its channels of communication are, what its limitations are and how the worker fits into the network in this agency.

3. Utilising Best Possible Training Personnel. The training program can be only as good as the people who conduct it and carry it out. The trainer is primarily a teacher and in order to function in this role, he has to meet at least three criteria: 1) He has to know the subject matter which he is trying to impart to his trainees; 2) he has to love to teach and to respect his trainees as learners who can make a contribution to the learning and teaching process; 3) He has to have skills in communicating to and with his students. An excellent practitioner in working with older people does not, ipso facto, make a good trainer any more than a good trainer makes a good practitioner. For this reason, trainers have to be selected with these criteria in mind and person-

naj has to be recruited who can fulfill these functions. This is indeed one of the major tasks of the Aging Project of United Community Services and I hope that today's meeting will move us further in this direction.

4. Understanding the Training Process. Since I conceive the training process as a transactional one between teacher and student, the focus has to be on helping the student to participate actively in the training transaction. He has to be seen as a learner who has the function to translate his learning into his practice. E.g., a medical aide has to be seen as a person who wants to learn something about responses of older people who are ill, confined to bed and in need of reassurance. In order to obtain such knowledge, the medical aid-to-be-trained has to be seen as a person who must see the relevance of what he is being taught to his particular job function and to be encouraged to connect the subject matter with the kind of job he will be doing. All our trainees are adults and the adult learner in contrast to the child learner, brings with him a great deal of experience and previous knowledge which he can apply; at the same time some of these experiences may require reorganization. For the adult learner, time is of a great consequence, as well as his self image which differentiates him sharply from the more culturally sanctioned role of the young student.

From learning theory we know that learning is best initiated when a tension-imbalance-dissatisfaction exists in the individual. As the individual perceives some goal that he can achieve such dissatisfaction will be reduced or even eliminated. For this reason

For this reason, people learn best when they have in front of them an achievable goal and get a sense that they are moving towards achieving this goal. This sense, however, must be communicated to them through the teacher and through those who learn with him. Since there are always some obstacles which preclude the direct achievement of what we want to know, or what we can do, learning can be motivated again if we succeed in reducing these obstacles. The total personality is involved in learning; this includes perception, memory, intelligence, judgment, recall, and emotions. In any training program attention must be paid to all of these personality variables, otherwise real learning will not be achieved. Two motivations are basic to enhance learning readiness; 1) Curiosity and 2) identification with subject matter and teacher. It stands to reason, therefore, that our trainees must feel curious about their job, what makes the aged behave the way they do, what are the servides available to them, etc. They must also get a sense that what they learn is relevent and that their teacher is indeed worthy of emulation. Good teaching involves the ability of the teacher to project himself and to encite enthusiasm among those whom he teaches. Since frustration and anxiety are concommitant to all learning, the student has to be helped to cope with these and to achieve a sense of mastery which produces gratification. Therefore, the most favorable conditions for learning are the emotional readiness of the learner, to have the learning tasks geared to the capacity of the learner and to be guided in the learning process in such a way that the learner understands what he is being taught. The proof of understanding

is that the learner can indeed, through his own words and actions, demonstrate the use of learned material.

On a practical level the trainer must know the background of each trainee which should include such data as age, sex, previous work experience, degree and kind of contacts with older people, any previous training that he has received and his responses to the biological-psychological-sociological stereotypes of aging. We have a number of measuring devices now that can be very helpful in making such assessments. Since trainees will find themselves together with others in a group, this kind of information should guide the way groups are composed within the structure of the training program. A trainer should develop a profile of the learning group in advance of the training sessions and use this profile to build his training program on what the trainees bring with them, and what they want to learn.

IV. Selecting the Objectives for Training and Curriculum.

In order to train we have to be able to select what trainees should learn; for example, what kind of attitudes do we want to develop, what kind of feeling tones should the learner have relative to aging and the aged, what kind of knowledge should they acquire and what kind of skills should they possess? Obviously, priorities must be chosen since trainees cannot learn everything; in fact, only a limited amount of learning can take place. Therefore, the following principles should be kept in mind:

1. Specificity. For example, the trainer should help the learner to know the number of aged located in the geographic area in which the service is given or the trainer should help the

learners to become patient listeners when they work with older people, or the trainor should help the learner to accept the fact that healthy older people can adapt to crisis situations and handle them.

2. Achievability. Objectives should be stated in such a way that they can be achieved by the learner within the time allotted and the background of the learner allows these objectives to be accomplished. For example, a group of neighborhood aides who are older adults themselves and who have had limited education cannot be expected to deal with abstract concepts given to them in a one-hour lecture.

3. Priorities. In any training program priorities of objectives have to be established based on the learner's background and the kind of job to be done by the trainee as a worker.

Once objectives have been specified, the curriculum of the training program can be developed. This curriculum can be divided into 1) attitudes about older people, about aging as a process, about the aged and about self, 2) knowledge about aging, the aged, the community, the agency or organization; about laws, programs, services and personnel, which exist in a community and which can be utilized by older people, 3) skills in working with older people, either through individual approaches, group approaches, or community approaches. The important thing to remember is, that based on objectives a trainor will select those areas that he sees as essential to be assimilated by the learner. We have to keep in

mind that attitudes affect knowledge and skills and that knowledge and skills in turn affect attitudes; they reinforce one another.

Let me give some examples; A trainor may want to communicate to his trainees that only 4% of all older people in the nation live in long-term institutions. This is a knowledge statement. This kind of knowledge may lead to a change in pre-conceived attitudes that all older people are chronically ill. Or: Workers may have difficulty accepting the fact that some older people enjoy playing cards and do not engage in some other type of activity. This fact may be easier to accept on the part of a trainee when he learns that card playing can be a healthy outlet for aggressive drives. This may also help him to acquire the skill to motivate older people to enjoy other types of activities which derive from card playing activity, such as serving food to the card players or the card players serving food to other card players. In the various workshops that follow my presentation, you might want to look at other examples.

It is impossible to teach everything even in a long-term training program; therefore I urge specificity based on clear enumeration of objectives; these objectives in turn should be based on the background of the trainees, the jobs they have to do, and the agency in which they work. Fundamental to any training program, however, is an attempt to deal with the attitudes of the trainees towards aging and the aged, and if the trainee is an older person himself, to deal with their attitudes related to youth and young people. Any training program that does not concern itself with attitude development will fall short of knowledge

and skill communication. Since it is difficult to make choices we often err on the side of over-teaching. Let us keep in mind that if and when a trainee learns two or three major concepts in a training program, we will have achieved a great deal indeed, because learning is a continuous process and does not end with a conclusion of a training institute.

V. Methods of Training and Evaluation.

The best curriculum will fall short if training methods are not appropriate to the content to be taught. The use of proper training media, training methods, and training techniques should receive as much attention as the selection of the training objectives. However, training techniques and methods should not be the "tail that wags the dog." They should be in the service of the content to be taught. The best film on a given subject may prove worthless if it is not properly introduced or discussed. And an exhibition of pamphlets that is not explained or reviewed will merely add surface decoration.

Once a training program has been completed it must be evaluated. The problem is that we often consider this a nuisance procedure and do not give it the attention it deserves. If we have stated our objectives clearly and we have spelled what we want to accomplish, it is much less difficult to assess whether we have accomplished anything or not. When we say, for example, that we want our trainees to know certain facts about diets of older people, we can determine whether these facts have indeed been learned. If we administer a reliable and valid stereotype scale at the beginning

and at the end of a training program, we may get some notions whether certain stereotypes have become changed. When we gear a training program to imparting skills in helping older people to make telephone contacts with a social agency, we can find out whether our trainees have learned to initiate such contacts. When we aim to teach our trainees how to help older people send out a Medicare application, we can determine whether our trainees have learned how to help older people do this. Such evaluations will be devices for trainers to redesign a new training program; continuous feedback information from trainees should be encouraged to help us reassess our training objectives, curriculum and our methods.

VI. Organization of Training Programs

A word or two about the organization of a training program per se: Let me briefly state here that the management process of a training program consists of five phases.

1. Preparation (including the development of a training calendar), the selection of objectives, etc.
2. The planning of the training program
3. The management and conduct of the training program
4. The termination of the training program
5. The evaluation of the training program

In conclusion I would like to summarize a few principles to leave with you for further elaboration in the afternoon workshops:

1. Essential to the development of a training program are a commitment to training on the part of trainee and trainer.
2. Precise decisions have to be made as to the focus of the training program.

3. Objectives of the training program have to be carefully selected and specified. The content (curriculum) and the teaching methods must be based on these objectives.

4. Trainee and trainor learn together; the experience and knowledge of trainees should be actively sought, keeping in mind that the trainees in these programs are adults. The trainor himself is a learner and he who does not learn from teaching is a poor teacher indeed.

5. Training is a special art based on scientific principles. Carrying out a training function requires training itself; hence, we need a corps of trainors. Training has potentialities as well as built-in limitations. Both have to be kept in mind when we conduct a training program. Let us act now and prepare those who work with the aged as best as we know how. The need is great - the challenge is exciting - what are we waiting for?

dmr
6/6/67

TRAINING FOR SOCIAL SERVICE

by

Benjamin Hersey*

The Boston Centre for Older Americans is a new service center for older people serving a limited part of the Back Bay and Fenway areas of Boston. It is designed to evolve into a Multi-Service Center providing a wide range of services, including Information and Referral, a Drop-In Lounge, Friendly Visitors, Health and Employment services. Most important, it will experiment in finding new roles for the elderly in the community, and by so doing develop an institution for the elderly which has a positive image in the community at large. In other words, its purpose is to find meaningful ways for retired older people to use their ever present time constructively and meaningfully.

The center, for all intents and purposes, has been open for about one and one-half months, starting with a staff of two—a director and a secretary. From the outset, one of the major methods of reaching the goals of the center has been to involve the community, particularly the older people, in the center's development. With this philosophy in mind, one of the early steps was to begin to include some of the elderly in the service area on the center staff in the capacity of aides or sub-professionals. These Aides were to work in a variety of areas including the initial survey of the neighborhood to assess needs, to provide information and referral to those in need, and so forth. Further, they were to work closely with the professionals in the development of the center's program. In order to give some of the basics to those who would be working in this capacity, a training program was developed, which was given to several of the Aides prior to the opening of the center.

In the early days of the anti-poverty war, I was fortunate to have been in

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charge of a program that hired several people in the capacity of Aides from a service area in another part of Boston. At that time, I thought that a minimum of training should be used with those hired. We put them to work and gave both formal and informal on-the-job training so they began to have experience in a variety of areas. I felt that the Aides would have a great deal to contribute to the program and I did not want to "spoil" their possible creativity for program development with too much theory and particular ways of doing things. It soon became evident to me, however, that by avoiding initial training, I had created a lot of insecurity on the part of the Aides, and as it turned out they even found it quite difficult to ask the right questions of their supervisors. I believe that this, plus other factors, tended to move them away from identification with the agency. Administrative factors plus a reluctance on the part of the Aides made it difficult to institute a more formal program at a later date.

Because of this experience, I felt that a formal training program for some Aides prior to any experience in the field was necessary. Secondly, since the Boston Centre was new to its area, I wanted the staff to have some knowledge of how to provide the services needed by those in the service area. Thirdly, I wanted the staff to be aware of the agency's purposes and the area it was to cover before talking to their neighbors about it, and finally, I wanted to help the Aides with the potentially difficult problem of simultaneous roles of center worker and neighborhood resident. Many conflicts can often develop between these roles. Although I felt this could not be wholly prevented, I wanted the Aides to know that the professionals recognized that there could be conflicts here and that they, as Aides, could later feel free to discuss this in supervision.

Generally speaking, the type of training to be given covered many subjects. From the outset, it was not intended to be complete, nor were the Aides to come out with any particular knowledge in any particular area. Rather, the program was designed to give a basis for on-going training in supervision and on the job.

It was hoped that when the Aides were working and running into situations, they would have a little knowledge on which to fall back, either to help others or to ask questions of the supervisor. Secondly, the program was designed to give an orientation to the Aides, to get them thinking toward giving service to others, which was to be continued in supervision. Thirdly, I was still anxious not to spoil any creativity on the part of the Aides toward innovations in program, but this time I hoped that the basics given in the training would provide some kind of a framework for their thinking. Again I did not want to make trained social workers out of them, but rather wanted them to work as Aides in unison with the social worker, each striving to support, learn from, and complement the other.

The selection of the trainees was not, to say the least, the result of any carefully planned, scientifically designed program. It was most conventional. Because we were new in the area, I went to talk to many civic and church groups. At these groups I mentioned that there were a few openings on the staff for Aides, gave a brief description of the job, and stated that we wanted these Aides to be people from the community. To ease fears, or so I thought, I mentioned that a training program would be provided. This was a mistake I will talk about later. We also put out a newsletter, and in that mentioned the positions being open. We were not overwhelmed with applications. I had planned to train approximately 15 people in the program. We had, as I recall, ten applications and interviews. Of those ten, eight finally ended up in the program, ranging from 58 to 79 years old. As it turned out, though, this was a good number for the most effective training and the eight represented a good cross section of the ethnic and religious groups in the area, which was what I had hoped for. They also represented varied educational backgrounds.

A word more about the selection of trainees: each person was interviewed by me and a list of specific criteria for final selection was mentioned. Such

things as living in the area, sensitivity to others and past experience were included. This was done to avoid being accused of arbitrarily selecting Aides by anyone who might be turned down. As it turned out, we did not have to refuse anyone. I still think that having a special selection criteria policy to follow is good.

The program itself was set up to last two weeks, five days each week and five hours each day. It was run in the daytime in two sessions daily, from 9:30 to 12:00 in the morning, and from 1:00 to 3:30 p.m. The trainees were expected, except on two occasions, to provide their own lunch. They were paid during the training and transportation was provided when necessary. Lunches were bought for them when they were required to be away during the noon hour.

The personnel used to provide the training came from a variety of sources. They included representatives of various agencies such as Public Welfare, Social Security, Boston Redevelopment Authority, Visiting Nurses and other public and private agencies. There were also social workers who are currently practicing directly in the field of the elderly. The agency representatives spoke about the functions of their particular agencies and the social workers in direct practice about theory and ways of working with older people.

The location of the training varied. Most of it took place in our one-room temporary headquarters. This was not the best of circumstances because of noise and lack of space, but it was located close to the homes of those taking the training. In some cases, the class was moved to another agency. This was to give the trainees a look at those agencies and the way they functioned. This was kept to a minimum, however, in order not to create too big an adjustment problem for the trainees. Also, to reduce any possible adjustment problem that might arise from several different instructors, one full-time worker was required to attend all of the meetings as a kind of "familiar face." She was also instructed to help overcome any difficulties that might occur due to the many

changes in instructors. I feel that this was important.

I would now like to describe briefly the content of the program. A copy of the program was given to each trainee prior to the first session. This served to give them an overview of the session. One reading assignment was given during the program as an experiment. No one did it.

On the first day, I gave the classes. First, I wanted to set a climate of freedom and relaxation which would permit discussion and questions on the part of the trainees. Secondly, I wanted to outline the program to them, and thirdly, I wanted to get a general feeling of how they were thinking prior to the training and possibly to assess any changes in this later on.

During the two sessions that day the following major topics were discussed:

a. A general orientation to the training program;

b. society's image of the older person;

c. statistics on older people--national, state, city and local;

d. needs of older adults;

e. strengths of older adults;

f. special problems of older adults.

This was all very general, a kind of overview to be covered in more depth later on in the program.

Early in the first day, I also posed a problem to the trainees. I asked them what they would do if they were in a restaurant and found a person who had only 25 cents to her name with no more money expected for three days. The general reaction was to condemn the woman for being in that situation. I asked the same question at the end of the session and got different answers which I will later describe.

The second day included a discussion of the state government and how it operates. This was given by a state representative. The afternoon session was a description of special services to the elderly given by the state. This was

presented by a representative of the Massachusetts Commission on Aging.

The third day included my description of the operation of the city government followed by a description of the Urban Renewal program for the city and the area served by the Boston Redevelopment Authority.

The reason the descriptions of the operations of government were given was to give a basic background in this for any future legislative activity entered upon by the community or the agency itself.

The fourth day was a more in-depth discussion of the problems faced by the elderly in the community. This included problems in the areas of environment, isolation, economics, health, and time. It also included a discussion of the social and psychological problems faced by the elderly.

On the fifth day, a representative of the Social Security office described social security and medicare in the morning, and someone from the Department of Public Welfare discussed her agency that afternoon.

On Monday of the following week, a description of the services of private agencies was given along with the functioning of the local anti-poverty boards.

Tuesday, Wednesday, and Thursday were spent discussing techniques of working with older people in groups, as individuals, and in the community. These sessions were done by social workers now practicing with older people in these three areas.

Important points covered in these three days were: feelings of a person receiving help about himself and about the worker, the principle of reaching out, the principle of self help, how to interview, how to assess needs and how to make a referral. Where possible, role playing was used and specific examples were discussed.

This was particularly true when discussing community organization. I tried to get across to the Aides some of the basics of community organization because I feel that through this method many older people can become involved in meaningful activities in and for their community. In order to get some of the aspects of this

technique to the Aides, specific aspects of community involvement were discussed with some theory threaded throughout the examples. It is extremely difficult to tell in all cases just how many of the concepts the aides were grasping.

The final day was to have been an all day session, but many of the trainees were noticeably tired. We used only the morning. We spent a long time discussing the Aides' role in the neighborhood and his or her responsibility to the agency. The point was stressed that it is a difficult role to play and that difficulties arising along these lines should be discussed with the supervisor. At that time, they did not anticipate difficulties.

We also discussed record keeping, supervision—its meaning and its use, and specific job assignments.

Finally, I asked the question about the lady with the 25 cents again. The responses were very different. They asked why she was in the situation, various ways to approach the problem with her and possible referrals that could have been made. This gave me some hope that the previous two weeks would prove very useful.

It is difficult to say exactly how effective the program was. I feel that it did accomplish the purpose of giving a basis for future supervision and a basis for discussion in supervisory meetings. With most of those trained, the discussions of possible role conflicts seem to have helped them to feel free to discuss the problems with the supervisors. In one case, however, this seemed to have little or no effect, because very difficult role conflict problems have arisen which the Aide has not felt free to discuss. Finally, the aides did acquire some knowledge to call upon when dealing with their neighbors either about a problem or in a discussion about the center and its purposes.

Generally, I feel that there should be a training program of some sort before sub-professional personnel begin to work for an agency. It should be general to begin with and oriented toward more specific, continued training in service.

There are certainly a few things that I would change in such a program when

and if I do it again. First, although I would keep the content about the same, I would spread it out over a longer time, probably four weeks with 2½ hour sessions each day rather than two weeks with five. With the elderly, I found that 5 hours was a lot to take. Where possible, I would use some time each day with the Aides assigned to work closely with a professional or to study particular problems for later discussion. Secondly, I would encourage all instructors to use as many specific examples as possible in their presentations and I would allow more time to discuss those examples. Thirdly, I would not call it a training program to the community. I think that the meaning of this was not clearly understood and I feel that many felt that they did not need any training. Also, many seemed to be so scared away by the name, anticipating that there might be some sort of a test at the end of the session that they might not be able to pass.

Although I was hesitant to have the program move to different locations for the various sessions because I thought it might create adjustment problems, I think that I would not be as cautious about this again. The trainees seem to get a great deal out of visits made to other agencies. I think one full-time staff person, however, attending all sessions is a necessary bridge.

I would like to emphasize, again, as a final note, that no formal training session can in any way be a substitute for good ongoing supervision of the sub-professional worker. Because of this, any such program should, in my opinion, be oriented toward making the supervision as useful as possible from the beginning. Secondly, such training should not stifle any potential creativity on the part of the aide, but rather should be designed to enhance it. Finally, all such training should be aimed at reducing the potential role conflicts that exist for the aide in being an agency representative and a resident of the community.

TRAINING OF PERSONNEL FOR HEALTH WORK WITH THE AGING

Dora R. Sheldon*

Good morning, ladies and gentlemen.

Were you born on or before April 21, 1922? Are you employed or considering employment? If those of us who answer in the affirmative were to register these facts with the Department of Labor, we would be classified as "The Older Worker" along with 22 million workers in the middle years between the ages of 45-54. It is during these middle years that we have an opportunity to prepare for the subsequent years. Gradual adjustment to and acceptance of the physiological, emotional, and social consequences of the normal aging process enables one to partake of the richness and contentment that age can bring. We are told by the Administration on Aging that there are over 12 thousand Americans who have passed their 100th birthday. The greatest onset of incapacity generally falls after the 75th year, rather than during the "young-elderly" years (65-75).

My assignment is to share with you some thoughts about training people to work in the health field with the aging population. The emphasis will be placed on programs leading to less than the baccalaureate degree in those health occupations supportive to such professions as nursing, medicine, and dentistry. Most ongoing programs prepare people to work with older citizens, although few are specifically planned with this single objective in mind.

The U.S. Office of Education and the Public Health Service have worked closely with the States since the late 1940's to develop programs for training licensed practical nurses. The Public Health Amendments Act of 1956 amended the George-Barden Act to provide Federal funds for preparing practical nurses and other health workers. Increasing steadily, the approved one-year practical

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nursing programs now number over 1,000. Principles and concepts from the sciences are utilized throughout the curriculum to guide the learner in understanding people and gaining skills and knowledge required to give nursing care to people of all ages. A thorough knowledge of growth and development seems essential to the appreciation of the characteristics and needs of these people who have reached the terminal period of the life span.

A variety of acute and chronic disabilities are studied in classrooms and clinical settings. Many schools include a block of experience in geriatric nursing. For example, the New Hampshire Vocational Institute Program at Portsmouth provides two weeks experience at the Rockingham Country Home and Hospital in addition to the clinical experience given at the local general hospitals. It is anticipated that more schools will strengthen the geriatric experience as the quality of nursing homes and extended care facilities improves. We believe that the graduate from an approved practical nursing program is well qualified to assist in meeting the needs of the aged patient.

In a recent Office of Education survey of schools and programs in health occupations, and aggregate of 1,685 different training programs representing 42 identifiable occupational objectives were reported. These do not include on-the-job training programs, upgrading classes for employed health workers, nurses aide training, or programs leading to baccalaureate and higher degrees. Included are programs such as nursing unit management assistant, associate degree nurse, and medical X-ray technician. The workers prepared in the majority of the reported programs possess abilities which could make a meaningful contribution to the comprehensive health care of people in the older age bracket.

Massachusetts reported offerings in 14 different occupational fields, including the 8 which are provided at the Springfield Technical Institute. The Springfield programs include surgical technician, medical assistant, dental assistant, medical laboratory assistant, practical nursing, physical therapy

assistant, inhalation therapist, and food service supervisors. Advisory committees, established in the early planning stages, help tailor the program to the community to be served.

Let me give you examples of some programs not reported in the survey. In the fall of 1966 three new programs funded under Title I of the Higher Education Act of 1965 were inaugurated at the Center for Community Educational Services, Agricultural and Technical College at Farmingdale, New York. Two of the daytime Programs for adults are pertinent to this discussion. "New Horizons for Later Years" enrolled 10 older men and women who were seeking new horizons and 5 people who work with the elderly. The second, "Geriatric-Aide Training Program" is designed to prepare paid and volunteer workers to assist in the non-medical care of the aged at home, in hospitals, and in nursing homes. The enrollment has nearly quadrupled this semester. Included in the course are recreational skills and hobbies so important to the inactive elderly person who has lost interest and zest for life. A skillful teacher taps resources and interests which may have been wilted by the blight of years and toll of disease or disuse. Purpose, patience, and praise encourage the faded bloom to open like a morning glory. Sir James Barrie once wrote "Those who bring sunshine to the lives of others cannot keep it from themselves."

Sixteen disadvantaged women completed a 32 week nurses aide program this winter, in the Fork Branch School, Delaware, under the guidance of the Vocational-Technical Division of the State Department of Public Instruction. Units of instruction were given in basic education, cultural enrichment, and supervised clinical experience in the Kent General Hospital and Crescent Farm Nursing and Convalescent Home. These women exhibited an interest in helping people, understanding people, and the capacity to care. The training program opened unexplored areas to the trainees and promised job stability and satisfaction. At least half are now employed in institutions which care for aged patients.

An outgrowth of the homemaker service, the home health aide or attendant program provides an opportunity for older persons in good health to learn and to serve. A training program includes basic teaching of nutrition, homemaking skills, and simple home nursing. Individualized instruction, supervision and evaluation of performance are important components of the instructional plan. In most instances the homemaker or home health aide is supervised by a public health nurse. The recipient of these services enjoys the independence and security of living at home. Assistance in the home may permit an aged couple in declining health to spend the last years of a married life together in their own familiar surroundings.

Adult education programs offer a multitude of learning opportunities for those who have a positive learning attitude. Age need be no barrier. Psychologists have proven that people <u>can</u> go on learning well into their seventh decade and beyond.

Public education funds are used in a wide range of adult classes which benefit the health and welfare of the older population. Some examples include nutrition, basic education, home work simplification, refresher courses for inactive health professionals, workshops on restorative techniques, and clinical symposia.

President Johnson has stated that "good health <u>shall</u> be available to all." The President has urged each of us to utilize the many programs and facilities of the Federal Government to increase the supply of qualified health personnel and to seek innovative approaches to make better use of personnel and educational facilities that we do have. Why not have two programs using the same facilities concurrently? Some communities are doing just that, by having a day program and an evening program. One State at least has converted obsolete one-room school houses into suitable, inexpensive quarters for teaching basic education, nutrition, and health related programs.

It has been estimated that 10,000 medical and paramedical health workers must be trained each month for the next 10 years if the health needs of United States citizens are to be met. The greatest contributors in terms of numbers of trained health workers are programs operated under the Bureau of Adult and Vocational Education. It is the belief of many that these workers are needed to complement professionals. Dr. Harold Howe II, U.S. Commissioner of Education and Dr. Grant Venn, Associate Commissioner for Adult and Vocational Education, have requested State departments of education to give top priority to the critical problem. We suggest community and State-wide planning, bringing together the medical and educational communities, Public Health, Welfare and the State Employment Service as well as citizen groups. Once priorities and goals are established, necessary steps can be undertaken to develop educational programs.

As an example, in one of the New England States staff from public education, public health, and the American Red Cross have joined forces to develop a program to prepare registered nurses employed in county and nursing homes to teach and to supervise nurse aides.

In the past few minutes we have explored a sampling of educational programs which prepare personnel to work with the aged. During the workshop session we will have an opportunity to further develop the concept of aide to technicians. Health and education go hand in hand. Each is a personal concern when it is of individual interest. Both are public concerns. Each of you has a part to play in making decisions which affect you, your children, your parents--the PUBLIC.

Action programs, preceded by careful planning, are essential to the preparation of personnel to provide the quantity and quality of health care our aged people so richly deserve.

We have the challenge.

We have the resources.

Do we have the motivation?

Do we have the sincerity of purpose?

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